Lister the Peperwork Reduction Act of 1995, no persons are required to respond to a optional of information unless it displays a yard OMB controllumber. Substitute for Form PTO-876 Application or Docket Number Effective December 8, 2004 39 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR SMALL ENTITY NUMBER FRED NUMBER EXTRA BASIC FEE RATE (1) (3) CFR 1.16(a), (b), or (c)) FEE (1) NA RATE N/A SEARCH FEE NA 150.00 (3) CFR 1 16/14, 19, or (m)) · N/A N/A 300.00 NIA. **EXMINATION FEE** NVA \$260 (31 CFR 1.16/0), (p). or (q)) N/A N/A 1 \$500 NA TOTAL CLAME NVA \$100 (37 OFR 1.16(1)) NVA \$200 minus 20 a X\$ 25 INDEPENDENT CLAIMS X\$50 (37 CFR 1.16(N) OR minus 3 e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 CPR 1.16(e)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 OFFI 1.16(II) +180= ". If the difference in column 1 is less than zero, enter "O" in column 2. +360* TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) SMALL ENTITY OTHER THAN CLAIMS OR HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT MENT AFTER RATE (1) PREVIOUSLY ADDI-MENDMENT EXTRA RATE (\$) PAID FOR TIONAL Total DI CFR LAGU -ADOL Minus FEE (I) FEE (1) **QNO** X\$ 25 Independent DI CFR E166H Minus. X\$50 OB X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MATIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360= OR TOTAL TOTAL ADO'L FEE ADD'L FEE (Column 1) (Column 2) CLAIMS REMAINING (Column 3) HIGHEST NUMBER Present ENDMENT after RATE (1) PREVIOUSLY PAID FOR ADDI: AMENOMENT EXTRA RATE (1) TIONAL FEE (1) ADDI-TIONAL FEE (1) Total programmes Minus X\$ 25 Independent OT OFR LIGAD Minus X\$50 OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.100) +180= +360= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

This collection of tumber Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

USPTO to process) an application. Confidentiality is governed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Continence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS TOTAL